



Iowa Department of Human Services

Terry E. Branstad
Governor

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Lt. Governor

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Director

INFORMATIONAL LETTER NO.1604-MC

DATE: January 22, 2016

TO: Iowa Medicaid Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Monthly Provider Assessment

EFFECTIVE: March 1, 2016

Beginning with dates of service March 1, 2016, the IME will no longer be able to recoup the monthly provider assessment through claims offset. Providers will be required to remit the money for the assessment directly to the IME by check.

Claims for dates of service March 1, 2016, and after will be billed to and paid by the managed care organizations (MCOs). The daily provider assessment is included in the rate information that the IME shared with the MCOs. The monthly provider assessment amount is located in the middle right of the per diem payment rate calculation which is mailed to your facility after completion of the review of the annual cost report.

The monthly provider assessment is due from your facility after the claims payment has been made. The period and due dates of the assessments are outlined in the following table.

Beginning Date of Service	Ending Date of Service	Month Assessment Paid to Provider	Month Assessment Collected by the IME Through Claim Offset	Month Assessment Collected by the IME Through Provider Check	Date Assessment Due to the IME
11/1/2015	11/30/2015	December 2015	January 2016		
12/1/2015	12/31/2015	January 2016	February 2016		
1/1/2016	1/31/2016	February 2016	March 2016		
2/1/2016	2/29/2016	March 2016		April 2016	April 30, 2016
3/1/2016	3/31/2016	April 2016		May 2016	May 31, 2016
4/1/2016	4/30/2016	May 2016		June 2016	June 30, 2016
5/1/2016	5/31/2016	June 2016		July 2016	July 31, 2016
6/1/2016	6/30/2016	July 2016		August 2016	August 31, 2016

The provider assessment amount indicated on the most current per diem payment rate calculation will be sent prior to March 31, 2016. This will be the amount due until a new cost report is submitted and reviewed.

Checks should be accompanied with a letter or memo for the month of the assessment being remitted and mailed to:

Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

If you send a package that requires a signature (certified mail or overnight) please send to:

Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

If you have any questions, please contact the IME Provider Cost Audit at 866.863.8610 or email at costaudit@dhs.state.ia.us.